N.C. Department of Environmental, Health, and Natural Resources Division of Laboratory Services State Laborabory of Public Health P.O.Box 28047 - 306 N. Wilmington Street Raleigh, NC 27611-8047

| \sim | NOT | WDIT | THIC | SPACE |
|--------|-----|------|------|-------|
| | | | | |

BACTERIOLOGICAL ANALYSIS - PUBLIC WATER SYSTEM

| Laboratory ID #: | <u>37501</u> | County: | Nash | | | | |
|----------------------------------|--------------------------|---|----------------------|---|------|--|--|
| Water System ID #: | 04-64-035 | | | | | | |
| Name of System: Town of Ba | | | | | | | |
| Sample Type: | 5 (1 = Routine; 2 | = Repeat; 3 = | Replacement | ; 4 = Plan Approval; 5 = Other) | | | |
| Collected on: DATE: | 07/22/09 | TIME: 10: | 24 AM | | | | |
| Location where collected: | Well #1 | | | | | | |
| Location Type: | 4 (1 = Entry Tap | 2 = General T | ap; 3 = End T | ap; 4 = Source/Intakes; 5 = Other) | | | |
| Location Code: | | Collected By: Greg Vital | | | | | |
| | | | | | | | |
| FOR REPEAT SAMPLE: | | FOR REPLACEMENT SAMPLE: | | | | | |
| Previous Positive Loca | ition Code: | Original Sample Type: | | | | | |
| Positive Collection Dat | e: | (1=Routine; 2=Repeat; 3=Plan Approval; 4=Other) | | | | | |
| Tim | e: | | | Original Collection Date: | | | |
| Proximity: | | | | Time: | | | |
| (1 = Same; 2 = Upstream | n; 3 = Downstream) | | | | | | |
| Mail Deculte To: | | | T 4 | O. market | | | |
| Mail Results To: | | | rype or | Supply: | | | |
| RALEIGH REGIONA | AL OFFICE PWSS | | | X Community NTNC | | | |
| 10.12101111201010 | 0000 | | | Non-Community Private | | | |
| RALEIGH, NC 2769 | 9-1628 | | Type of | Treatment: Chlorinated | | | |
| | | | | X Non-Chlorinated | | | |
| Telephone No. 9 | 19-791-4200 | | | Free Chlorine Residual: | | | |
| | | | | Total Chlorine Residual: | | | |
| | RESULTS | | | INVALID CODES | | | |
| CONTANANIANIT | | ADCENT | INIVAL ID | | - al | | |
| CONTAMINANT METHO | OD PRESENT | ABSENT | INVALID | Confluent Growth/No Coliform Four TNTC/No Coliform Found | ıa | | |
| Total Coliform 319 Fecal/E. Coli | — H | X | H | 3) Turbid Culture/No Coliform Found | | | |
| Heterotrophic P.C. | Ш /ml | Ш | 4) Over 30 Hours Old | | | | |
| | (number) | | | 5) Improper Sample or Analysis | | | |
| Repeat Samples Require | d | Replacement Samples Required | | | | | |
| Date Analysis Begun: | 07/22/09 | | | Time Analysis Begun: 14:10 F | PM | | |
| Date Analysis Completed: | 07/23/09 | | | Time Analysis Completed: 09:00 A | | | |
| Laboratory Log #: | 7367 | | | Certified By: Susan Beasley | | | |
| 0011151150 | | 0=100105 | 07/02/25 | | | | |
| COMMENTS: Collection | on date corrected from | om 05/22/09 t | o 07/22/09 b | by phone. SBeasley | | | |
| | | | | | | | |